



DENTAL APPOINTMENTS CHECKLIST: AFTER THE DENTAL APPOINTMENT

C H E C K L I S T

Client Name: _____

Instructions: Staff to initial each area as completed. Document any comments related to the completion of each task in the space provided. Forward or file completed checklist according to agency protocol.

- ____ 1. Discuss new orders/recommendations with the person and answer questions and offer support.
- ____ 2. Return to home, work, etc., and make sure administration of food, fluids, medications, and hygiene. Communicate any new orders per facility policy
- ____ 3. Follow the dentist's recommendations of a waiting period before allowing the person to chew food and drink hot beverages.
- ____ 4. POTENTIAL CHOKING RISK: Exercise caution when the person drinks cold beverages before the numbing sensation from any dental procedure has gone, as the choking risk is greater.
- ____ 5. Follow the dentist's recommendations for modification of food texture for the specified amount of time following certain dental procedures.
- ____ 6. Follow dentist's recommendations regarding smoking and drinking from a straw following certain dental procedures.
- ____ 7. Notify the nurse/supervisor of the outcome of the appointment and discuss any new orders/recommendations and upcoming appointments/procedures.
- ____ 8. Make sure all immediate follow-up recommendations are completed (checking for pain, sensitivity, numbness).
- ____ 9. Take/fax prescriptions to the pharmacy or deliver. Be sure you have a copy of the prescription for the person's medical record.
- ____ 10. Make sure needed medications or supplies are delivered in the appropriate time frame.
- ____ 11. Notify the dentist of any delay in medication/supply delivery and inquire whether additional actions need to be taken due to the delay. (*Describe this event in the section below.*)
- ____ 12. Transcribe orders to the Medication Administration Record (MAR) and make sure the orders are double checked by other staff.



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To Be Completed by Nurse, Supervisor, Program Director, etc.

- ____ 1. Provide staff training for new dental hygiene/oral care and/or medications.
- ____ 2. Designate person to communicate outcome of the appointment with the support team including oral hygiene recommendations.
- ____ 3. Support team to address any issues/barriers regarding implementation of recommendations.
- ____ 4. Make sure revisions to the risk plan are completed as necessary.

Comments:

Staff Completing: _____ Date: _____